

A qualitative study of the role of Samoan Church ministers in health literacy messages and health promotion in Auckland, New Zealand

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Pacific people in New Zealand have strong ties to their Christian faith. More than three-quarters (78%) of Pacific people said they were Christians, compared to 47.7% of all New Zealanders, with only 16.5% of Pacific people stating they had no religion.¹ The church has become the centre for many Pacific communities in New Zealand, providing a similarity to life in the Pacific homeland. Churches have become a place where social connectedness, networks and relationships continue to foster.²

Churches have been of fundamental importance in providing education to Pacific people from as young as infancy. In the absence of the church, many Pacific peoples would be void of access to early childhood education.³ Churches have also been seen as a valuable setting for health promotion to take place as they have resources and facilities that help support health-promoting activities,^{4,5} and have been shown to have a significant impact on a variety of health behaviours and in improving health outcomes.⁶⁻⁸ The majority of the successful interventions in churches involved an improvement in nutrition and the uptake of physical activity.^{7,9,10} Standard health promotion interventions, supplemented with spiritual strategies, led to significant improvements in body weight, waist circumference, blood pressure, sodium and fat intake, contributing to significant improvements in the cardiovascular risk profile after one year of the church-based health program.¹¹ Furthermore, faith-based adaptations of evidence-based HIV prevention programs were more successful in

Abstract

Objective: Health promotion and health literacy activities within church congregations are not a new concept; however, this has not yet been widely researched in New Zealand. This paper explores the views of Samoan Methodist Church ministers about health-related issues and their role in health promotion and health literacy in their churches.

Methods: This was a qualitative research study with Samoan Methodist Church ministers from Auckland, New Zealand. Ten participants were interviewed face-to-face using a semi-structured approach. A general inductive approach for analysis of qualitative data was utilised. Ethics approval was granted by the University of Auckland Human Participants Ethics Committee.

Results: All of the church ministers described a holistic view of health and had a sense of responsibility for the holistic wellbeing of their members. Culture was seen as the main barrier to good health. Most of the ministers identified their role in health promotion as being associated with an external health provider.

Conclusion: Church ministers are well-respected leaders in the Samoan Church, which helps them play an important role in communicating health-promoting messages and encouraging healthy behaviours. The elders and chiefs are recognised as the cultural leaders in the church; without their support, the cultural barriers to health will be difficult to overcome.

Implications for public health: Church ministers are important in health literacy messages and health promotion.

Key words: health literacy, health promotion, cultural barriers, church ministers, leaders

enhancing safer sex practices and abstinence, and more acceptable, than the control health promotion program offered by the Centers for Disease and Control.¹²

Church ministers are viewed as respected gatekeepers with significant authority and are trusted by their church members and the wider community, making them suitable for organising, encouraging and invigorating healthy behavioural change.¹³ Bopp and Falloon¹⁴ identified that the health, health behaviours and health beliefs of church ministers influence the health of those in the church. Church ministers' education, length of service to the church, fruit and vegetable

intake, and level of physical activity were found to be positively associated with health and wellness activities.¹⁴ Church members identified sermons conducted by church leaders at the pulpit as an intervention that encouraged them to eat more fruits and vegetables.¹⁵ Furthermore, 100% of church members indicated that they would see a doctor for breast screening if instructed by a church leader.¹⁶

Health promotion programs conducted in Pacific churches in New Zealand included the Healthy Village Action Zones (HVAZ) program,¹⁷ Enea Ola: Pacific Healthy Eating Healthy Activity¹⁸ and Lotu Moui.¹⁹ The

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common themes from these programs showed that without the involvement of the church minister, the church was less likely to achieve good health outcomes. Furthermore, the congregation wanted a healthy role model to support their health behaviour change.

The aim of this paper was to explore the perceptions and experiences of Samoan Methodist Church ministers' knowledge and awareness about health-related issues, and their roles in health promotion and health literacy in their church congregations.

Methods

Church ministers are viewed as the leaders of the congregation who hold authority, are trusted by their church members, and are good at organising, communicating and encouraging healthy behavioural change.¹³ A sample of 10 participants was involved in this study, with the inclusion criteria being Methodist Church ministers of Samoan descent. They had to have experience leading a Samoan Methodist Church, reside in Auckland, be able to communicate in English and consent to participating in a face-to-face, audio-recorded interview. The interview was 1–1.5 hours in duration. Participants were interviewed either at their church, home or a meeting room at a local library or restaurant. A *mea alofa* (gift or donation) was given in the form of a \$50 retail voucher at the start of the interview.

The public directory of Samoan Methodist Churches was used to identify the contact details of Samoan Church ministers in Auckland. The directory contained the email address of the superintendent of the New Zealand Samoan Methodist Church ministers in Auckland. An email was sent to the superintendent informing her of the research and requesting that the research information and author's email address be passed on to the ministers under her care. Ministers who showed interest made email contact with the researcher.

The audio recordings of the ten interviews were transcribed verbatim. A professional transcriber who signed a confidentiality agreement was hired. The transcripts were arranged into a common format and were read multiple times and analysed, enabling the researcher to become familiar with the content and to develop a greater understanding of the themes emerging from the text. After reading the transcripts, the

researcher produced key themes that had emerged from the study, which were then cross-checked by the researcher's supervisor.

The University of Auckland Human Participants Ethics Committee granted ethics approval for this research for a period of three years from 21 December 2017.

Results

Church ministers' views about health

All of the church ministers gave a holistic view of health and discussed the importance of balance between the physical, mental and spiritual wellbeing of a person.

I understand health as being not just your physical health, but your intellectual health as well as your spiritual health. So those three things for me comprise what I think is health and healthy living. And if you don't balance those out and neglect one or the other, I think you can be unhealthy. So that's more a recognition that health is more holistic rather than a silo understanding of health. – Male, 54 years

All the ministers viewed their role as important and there was a sense of responsibility for the holistic wellbeing of their members. They felt their role was not only to cater to the spiritual needs of their members and community but also to serve the community, lead by example, develop leaders and serve God's will and purpose.

*My role as a church minister is more than just a person that stands on the *pulela'a* (pulpit) every Sunday to speak about the gospel. I believe that part of the gospel and health are not two separate things. God wants the message to be taught about health because you're talking about the wellbeing of the people in general. So, I see my role as not confined to just the gospel only but my role is to see that people's wellbeing are also part of that management role. The role is about the holistic wellbeing of the individual in the community.* – Male, 50 years

The role of the church minister included caring for the health of the congregation. All of the church leaders had experiences with obese members within their church and they acknowledged overeating and unhealthy eating options as some of the contributing factors.

The health problem is overeating. When we have those church and family occasions, me and my wife always try to allocate each family what to bring to make sure there's a balance of food on the table. – Male, 68 years

All the ministers had an awareness of the common health problems faced by their church members and showed that there was an understanding of the wider determinants of health including the effect of poverty, lack of education and poor housing on the health of their members.

I'm aware that a lot of people are very, very unhealthy. Well, I should refrain from that because that's not my term, but what I'm trying to say is that there are people that are diabetic, have high blood pressure, cholesterol issues and have gout. Some have severe issues of gout and that's why I said we're trying to minimise the level of food intake that they would normally associate with some of that stuff. – Male, 50 years

I sort of picture in my mind the type of house they're living in or their income, I'm aware of it. We had three that had mumps last year. – Female, 62 years

All of the ministers acknowledged a lack of health literacy among their church members and acknowledged they had a personal responsibility to understand about health themselves.

I think there is a lack of knowledge about health. There is no understanding of it, like I said before, we are all so focused on the spiritual life in heaven at the expense of our human life on earth. We have to be more knowledgeable as church ministers about health, not spiritual health because we all know what that is in terms of the Bible's teachings, but to be more knowledgeable about physical health and the human body health. You're required to go and read stuff that's out there. It's on the websites, in the newspapers, it's everywhere. You have to read that and understand that. – Male, 54 years

All the church ministers believed that by having healthy personal habits such as making healthy dietary choices, abstaining from alcohol and tobacco consumption and maintaining a good body physique, they would have a positive influence on their church members. There was a sense of responsibility to maintain good health to be able to fulfil their duties for the church and to help make church members happy and healthy.

Well, if I look healthy, then the people will be happy and stay healthy. However, if they see me sick, I believe that will not help them and they don't want me to get sick, because they rely on me as their church leader to do what I can do for them and their families. – Male, 68 years

One, I don't smoke; two, I don't drink; three, I try and keep slim; and four, I try and look

like I'm healthy. I'm not sure if it influences the congregation, but I think in some way, if you don't do that then you will never get the chance to influence someone. To a certain point, the examples you set will have other implications, not necessarily what you can see but I think it's about changing people's mindset. So, I think in my ministering, I've always tried to not necessarily role model, but try and live a life that I believe I can live myself and hopefully it has the positive effects for the congregation. – Male, 54 years

Many participants shared their personal experiences with having unhealthy family members and said they were determined to live a healthier lifestyle for their own wellbeing and for the purpose of ministry and the love of their families. The motivation to keep healthy was also for the love of God.

Because the Bible says love your God with all your body, with all your mind and with all your soul. So, if you love God, you will look after yourself. You have to look after your health, your body, and your mind if you love God. It doesn't say especially your soul, no, it says, "love your God with all your body, your mind and your soul." So, you have to love yourself and look after those things and then you love God. – Male, 55 years

Health promotion within the church

Many ministers identified their role in health promotion as being associated with an external health provider such as ProCare or Alliance Health plus. They recognised their important role in authorising health promotion programs introduced by outside agencies and discussed negative attitudes of church members towards new practices.

I do have a role to play in that. I would say that I was the one who signed the documents. I was the one the Health Alliance approached and the first one in the church to be involved in the group. I want to promote health in churches. So, all communications up to now still come through me for whatever program they want to instigate, and I have to give the okay for it. My church at Waterview was reluctant at first, especially the Samoans, because they have their own ways of doing things themselves. – Male, 60 years

Many of the church ministers spoke about Zumba dance fitness classes provided by outside health promotion agencies. A few churches instigated their own form of health promotion such as going for walks or setting up sports activities.

It was called 'Healthy Village'. They introduced the program and they assisted Panmure to set up a health committee. The health committee

also report to the ... like other committees, to the congregation. But those people communicate with our convenor and we set up our Zumba and other physical activities and we applied for some funds, and they gave us some funds for assistance for equipment. We run the Zumba program every Wednesday and do our walking sometimes on Saturdays and sometimes on holidays. – Male, 63 years

Many of the church ministers had positive experiences with health promotion agencies. Working alongside a health promotion agency was seen as a partnership and it provided the minister with an idea of the health status of their members.

I saw some people losing weight and admitting that they were feeling good as far as the body was concerned. – Male, 63 years

Health promotion agencies assisted with setting up activities within the church, but there was a perception by some of the church ministers that they had stopped communicating with the church once their funding had ceased. Participation in health promotion activities was negatively affected once the agency discontinued communication.

They sent in a couple of people to do the exercises and all those sessions, and then they disappeared. They don't have the funds to continue their work and that's how it ended. They stopped coming. We continued the Zumba. It started off well when those people were there, and when those people left, people gradually stayed away and did not come at all. – Male, 68 years

All the ministers perceived that their actions may influence the behaviours of their church members.

I go all the time because I know that Samoan people are funny people. If they notice the faifeau (minister) is not committed to anything, they will not commit to it. But if they see a faifeau running up and down, then they're all running up and down. – Male, 50 years

Health literacy messages in the church

The majority of ministers viewed the Bible as an authority on every aspect of a Christian's life, as it is seen as God's word and a way of communicating to his believers. The Bible is seen as a source of hope and something that challenges people to live healthy lives.

I encourage them to read their Bibles because as they read their Bibles, our God or Jesus speaks to us through the Bible, and that keeps our minds as well as our hearts healthy,

reassuring us of hope and the future of eternal life. So, there is quite a lot to talk about it in the Bible. And that really changes the people, their attitudes towards others, their attitude towards families. It challenges us in our way of eating, in our way of going around and doing things. Yes, there's a lot we learn and gain from reading the Bible. – Female, 62 years

The majority of church ministers said they would occasionally deliver sermons centred on health issues.

Sometimes, it's included in my sermons because we have to look after ourselves and if we don't look after our bodies and minds, we don't have healthy souls. – Male, 55 years

Nothing other than sometimes; what we tell them is to look after themselves and your family to make sure that they stay healthy, eat healthy and all that. – Male, 68 years

Most of the church ministers reported they were sensitive in the way they discussed health issues during their sermon, being aware of unhealthy members in the congregation.

All of a sudden, I had that sense of guilt because of the people I was looking at. There were big people. So, I kind of changed it to you know, healthy spirit, healthy mind and once you have all those things in your mind and your heart will tell you what to do. – Male, 60 years

Most of the ministers discussed sexuality as a health issue that church ministers seldom addressed with their congregation. They suggested that culture had a part to play in dealing with this issue.

We are afraid to talk about sex in the church. We see it as taboo and culturally in the church, being sinful. Homosexuality is a big issue that hasn't been carefully thought through by the church leaders. It is not till a minister's child is gay or is pregnant out of wedlock that they start to say, "Oh, this is okay." But if it is someone else's child or someone else's family member, it's judgement. – Male, 54 years

Culture

All the ministers shared the same view of unhealthy cultural attitudes towards food.

We come out of a culture where food reflects the status of wealth or poverty, and until we change the idea that food is not necessarily about status, then I think we would totally have a different approach to food and health in our families and in our homes. That, to me, is the main killer of the Pacific and Samoan people. – Male, 54 years

All of the church ministers spoke about their cultural perspective on *fa'alavelave*, giving

money to occasions such as funerals or church functions, and people were seen to be giving beyond their means to the point it caused anxiety and stress.

The Fa'a Samoa (Samoan way) has a massive contribution towards the level of unhealthy living. I think people need to be strong enough to be, like when you do your 'maliu' funerals, you don't need to spend thousands and thousands of dollars on food or caterers. You can still continue to do the same, but within your means. That means it does not inflict health issues or ma'is (sickness) that are so bad that people can't be cured. They say, "It's ma'i", but I say it's not. I say, "Yes, it's ma'i, but it's inflicted by too many people being anxious about fa'alavelaves". They worry too much. Some worry to the point where they don't wake up in the morning. I've heard many cases like that. – Male, 50 years

When we have our fa'alavelave, and you give all this money to the fa'alavelave leaving your family with very little to buy good food, then you buy cheap things for your family. That's one of the things that I give advice about to my people in the congregation, to make sure they give what they can afford for fa'alavelave. If you don't have money for the church, still come to church. You need to be fed spiritually – better than not come because you don't have money. – Male, 68 years

Many church ministers voiced their experiences with elders and *matai* (chiefs) who are also viewed as leaders within the church. Many of the participants were told to adhere to the gospel and to leave cultural matters to the *matai* or elders.

In our meetings, our sinoti (synod) meetings, we've been told by the senior ones "aua le aia fua faifeau I le roles a matai". (Translation: "The ministers shouldn't interfere in the roles of the matai"). – Male, 64 years

I've had challenges from both the matais and also from the elders in Samoa. The matai think they can control the auloku (church). – Male, 68 years

Many of the church ministers stated that recommendations for change to promote healthy behaviours or attitudes were often faced with opposition, as it went against the cultural way of doing things, and change that did occur did not last long.

Even if I tell them today, next week, they will go back to their old ways. – Male, 68 years

Discussion

All of the church ministers in the study held a holistic view of health similar to the findings in the literature.²⁰ The majority of ministers

acknowledged the importance of their role as a leader and felt a responsibility towards the holistic wellbeing of their members. They recognised the many health problems that burdened their congregation members. This study revealed that preventable conditions such as obesity and diabetes were the most commonly mentioned health problems, with cancer being the least mentioned health condition. In contrast, studies overseas showed cancer as the most commonly cited chronic health problem.²¹

Most of the ministers identified their role in health promotion as being situated in partnership with an external health provider, such as ProCare or Alliance Health plus. Future development of health promotion programs should include working alongside church ministers to help them see it as part of their responsibility, and not only that of the health providers. Many studies have emphasised the important role of church leaders in developing and implementing successful health programs.^{4,15,22} All the participants believed that having healthy individual habits would have a positive influence on their members. Church ministers who led by example also reported positive change among their members, this was also supported by overseas studies.¹⁴ In this context, however, half of the participants disclosed personal health issues and the other half reported that they were in good health. The findings echo those of similar studies overseas showing a significant divergence between the perceived health of the church leaders and their actual health.¹⁴ In this study, the most common health promotion activity offered in their church was physical exercise including Zumba dance fitness classes. In comparison, overseas churches commonly offered educational workshops.²¹ A recommendation would be to focus on a balance of nutritional workshops to supplement the physical activities provided and to tailor these activities depending on the needs of the church population.

The participants had both positive and negative experiences of partnerships with external health promotion agencies. The positive experiences included the intended health outcomes of weight loss among church members and social connectedness. The majority of the church ministers appreciated the support and funding that accompanied the health programs. The negative experiences were for the most part related to poor communication from the health promotion agencies, including the

feeling of being used to fulfil the agendas of the external agencies. The health promotion programs required the ongoing support of the church minister, otherwise, the enthusiasm of members to participate in the health promotion activities would slowly cease. This socially contextualised view of health promotion broadly emphasises the significant position of church leaders to enable people to reach a state of complete physical, mental, spiritual and social wellbeing.

The majority of the participants stated they would sometimes base their sermons on health issues, and health messages were usually communicated in an informal setting such as during a shared lunch. This is an area that can be improved upon because international literature strongly indicates that church members believed sermons conducted by the church minister at the pulpit were an intervention that encouraged healthy eating and exercise behaviours including participation in cancer screening programs.^{15,16} Health is an integral part of the church mission statement overseas.²⁰ This would be a recommendation for the New Zealand Methodist Church to consider. Spirituality is a core concept of Samoan culture.²⁴ Swinburn et al.²³ found that health interventions that were not closely related to church activities were the least successful. The development of health resources with biblical context and relevance can encourage the collaboration between health providers and the church to improve the success of health interventions.

Cultural factors were acknowledged by all of the church ministers as the main barrier to good health. Members of the congregation, in particular, those with influence such as the chiefs and elders, challenged church ministers when changes to improve healthy behaviours went against cultural normality. Atiola supports this finding with the research gathered from the Healthy Village Action Zone program.²⁵ Atiola found that the program's healthy eating goals clashed with the Pacific way of serving and presenting food.²⁵ All of the ministers shared their concerns about church members who were afflicted by anxiety and stress associated with cultural obligations. Again, these problems are not new within the Samoan culture²⁶ and remedial action is required to address this significant problem within the Samoan community. Samoan health practitioners have faulted leadership as ineffective agents of change.²⁷ In order for health interventions

to be successful, ministers need to work alongside the chiefs and elders of the church community and create change in unhealthy cultural attitudes and behaviours to enable individuals to become responsible for their health.

This study provides an original contribution to the literature with the added strength of highlighting how church ministers can be more effective in communicating health literacy messages and health promotion. The researcher added strength to the study by providing an emic view as a Samoan raised in the Methodist Church with an understanding of the Samoan culture and language. The researcher's background as a general practitioner helped provide the critical health context for the participant interviews. It is possible that this could have been a limitation in the interview, as the participants' responses could have been different with a researcher from a different background. It is not known whether the participants answered according to what is expected of them and in contrast to what their actual views or behaviours are. The findings of this study cannot be generalised to all Samoan Church ministers, other Methodist Churches or denominations or other Pacific ministers.

In conclusion, church ministers are gatekeepers with significant authority within the church community, making them suitable for promoting health and behavioural change. All the church ministers recognised health as a holistic concept and identified that their role was to cater to the holistic wellbeing of their members. This is the impetus needed to empower the church to be a health-promoting entity and not merely a platform for health providers to utilise. There is much room for improvement in health promotion programs within the church to assist this process (Table 1). Culture was identified as the main barrier to health. It is therefore vital that church ministers collaborate with their communities' elders and chiefs to create change in unhealthy cultural attitudes and behaviour in order for health interventions to be successful.

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Dear friend, I pray that you may enjoy good health and that all may go well with you, even as your soul is getting along well. 3 John 1:2

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Table 1: Recommendations to better equip Samoan Church Ministers to provide effective health literacy messages and to promote health in their Church.

Recommendations
<p>New Zealand Methodist Church – Samoan Synod</p> <ul style="list-style-type: none"> To set aside funding for church facilities for exercise and health promotion activities. To consider funded health checks for Check Ministers. To review the mission statement and whether health has a place in it. To support and facilitate the Church Ministers to work collaboratively with the elders and chiefs to address the cultural barriers to health.
<p>Church Ministers</p> <ul style="list-style-type: none"> To provide courses in the training programmes covering topics on: the principles guiding health promotion and health literacy, communication strategies to discuss sensitive topics. To encourage sermons on health. To provide culturally appropriate and biblically based training on the relationship between health literacy, health promotion and health outcomes. To encourage Church Ministers to be healthy role models.
<p>District Health Board and Primary Health Organisation</p> <p>Health promotion programmes</p> <ul style="list-style-type: none"> To work alongside the Church Ministers to help them see health promotion as part of their responsibility. To improve the communication and partnerships between health promotion agencies and the Church Minister. To communicate with the Church Minister about the health priorities of each Church and offer a programme specific to their needs. To establish effective monitoring and evaluation strategies for the health promotion programme. To provide sustainable programmes to cover all parts of Auckland. <p>Health literacy training</p> <ul style="list-style-type: none"> Develop health resources that are Biblical. To provide training on food regarding nutritional value and healthy portion sizes. To discuss topics on traditional medicine and alternative medication regarding safety and consulting a family doctor or specialist. To discuss social services, knowing how to access help with housing (such as Housing NZ) and financial assistance (Work and Income NZ, budgeting support through Citizen Advice Bureau).

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